

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL017006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  04/23/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

POOLE'S REST HOME

201 MARY JANE BIGELOW ROAD  
YANCEYVILLE, NC 27379

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments  This report is of a biennial construction survey done by Bob Getchell on April 23, 2015.  This facility was first licensed or submitted as a Home for the Aged serving 19 residents on on March 9, 1973. Therefore the facility must meet the 1971 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1967 North Carolina State Building Code, Group D, Institutional Unrestrained.  Deficiencies were noted which will require a new plan of correction.	C 000	CONSTRUCTION SECTION  MAY 27 2015  RECEIVED	
C 111	Must Have Current San. & Fire Safety Reports  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.  This Rule is not met as evidenced by: 1. Based on observation, the current fire and sanitation reports were not available at the time of the survey.  Findings Include: The following reports were not available at the time of the survey: a) Sanitation report for the building, b) Sanitation report for the kitchen, c) Fire Marshalls Report, d) Fire Alarm Panel Annual Test Report	C 111	completed	
C 126	Bedrooms-Windows	C 126	completed	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 126	<p>Continued From page 1</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(d) The requirements for the bedroom are: (9) Each resident bedroom shall be ventilated with one or more windows which are maintained operable and well lighted. The window area shall be equivalent to at least eight percent of the floor space and be provided with insect screens. The window opening may be restricted to a six-inch opening to inhibit resident elopement or suicide. The windows shall be low enough to see outdoors from the bed and chair, with a maximum 36 inch sill height; and</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe manner by having windows that have broken glass or will not stay open. This could affect all residents and staff by creating a hazard for residents.</p> <p>Findings include the following: a) The front exit door has broken glass. b) The window in the Laundry Room has broken glass, c) The window in Room P will not stay open.</p>	C 126		
C 148	<p>Corridors-Handrails</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load;</p> <p>This Rule is not met as evidenced by:</p>	C 148	<p>a) completed b) completed c) work in progress will be completed by the second week of June 2015.</p> <p>Completed</p>	

STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

HAL017006

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

B. WING:

(X3) DATE SURVEY  
COMPLETED

04/23/2015

NAME OF PROVIDER OR SUPPLIER

POOLE'S REST HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

201 MARY JANE BIGELOW ROAD  
YANCEYVILLE, NC 27379(X4) ID  
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DEFICIENCY)(X5)  
COMPLETE  
DATE

C 148 Continued From page 2

1. Based on observation, the building was not maintained in a safe manner because handrails are coming loose. This would effect all residents by exposing them to fall hazards

Findings Include the following: a) The handrail is loose in the corridor outside room 9,  
b) The handrail is coming loose in the corridor near the water cooler on the left hall.

C 148

Completed

C 189 Building Equipment Maintained Safe, Operating

SECTION .0300 - PHYSICAL PLANT  
10A NCAC 13F .0311 OTHER  
REQUIREMENTS

(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.

(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.

C 189

This Rule is not met as evidenced by:

1. Based on observation, the building fire protection equipment was not maintained in a safe manner. This would effect all residents by not detecting smoke and activating the fire alarm.

a) Work in progress; will be completed by first week of June 2015

Findings Include the following:

a. The heat detector in room 2 is hanging by the wires. b) The Fire Alarm Panel indicated it had no power and was not functioning. (Fire Watch started immediately on 4-23-15. Interview with Administrator on 4-24-15 indicated a power supply was replaced that morning and the system was returned to normal functioning status).

b) Complete

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C 189	Continued From page 3  2. Based on observation, the building electrical equipment was not maintained in a safe manner. This would effect all residents by presenting a shock hazard.  Findings include the following: a) Access to the Electrical Panel in the Pantry is blocked, b) Room P has 2-wire extension cords, c) Room P has an outlet expansion device in use, d) Room 7 has outlet expansion devices in use, e) Room 10 has a ground prong broken off inside the outlet, f) The Electrical Panel in the Pantry has an open space revealing live contacts.  3. Based on observation, the facility was not maintained in a safe manner by having doors that did not close completely in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment or room of origin.  Findings include the following: a) The Dining Room corridor door is dragging the floor and will not latch, b) Room 4 has a corridor door dragging the floor with a loose knob, c) Room 4 has a damaged closet door with a loose knob, d) Room 104 has a corridor door scrubbing the frame, e) Room P has a padlock on the closet door, f) Room 9 has a padlock on the closet door, g) Room 5 has a padlock on the closet door.  4. Based on observation, the building exit signage and emergency illumination were not maintained in a safe manner. This could effect all residents by not keeping the exits visible in an emergency.  Findings Include: a) The Emergency Light at Room 4 is not	C 189	a) completed b) completed on site c) completed on site d) completed on site e) completed f) serviced; completed   a) work in progress will be completed by the second week of June 2015. b) work in progress will be completed by the second week of June 2015. c) work in progress will be completed by the second week of June 2015. d) work in progress will be completed by the second week of June 2015. e) completed f) completed g) completed	

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C 189 Continued From page 4	C 189		<p>working,</p> <p>b) The Exit sign is missing at the back Exit door,</p> <p>c) The Exit sign is missing at the left Exit door.</p> <p>d) Evacuation plans are improperly displayed on 300 Hall and do not clearly indicate evacuation routes due to the orientation. Orient plans to better indicate evacuation routes.</p> <p>e) Exit sign in kitchen is not working on battery backup.</p> <p>f) There is no FDC sign.</p> <p>5. Based on observation, the building fire protection equipment was not maintained in a safe manner. This would effect all residents by not being available upon activation of the fire alarm.</p> <p>Findings include the following:</p> <p>a. The Fire Extinguisher tags indicate that monthly checks are not being done per NFPA 10.</p> <p>6. Based on observation, the building plumbing fixtures were not maintained in a safe manner. This would effect all residents by exposing them to a fall hazard.</p> <p>Findings include the following:</p> <p>a. The Mens bathroom has a toilet coming loose from the floor.</p> <p>7. Based on observation, the building was not maintained in a safe manner by improper storage of oxygen cylinders. This would effect all residents by potentially exposing them to hazards from a ruptured cylinder.</p> <p>Findings include the following: a) There is an unsecured oxygen cylinder in the staff office, b) There are unsecured oxygen cylinders in Room 4.</p> <p>Completed</p> <p>Fyr Fighters were contacted and stated that they would fix the deficiencies.</p> <p>a) completed</p> <p>Completed; oxygen tanks Removed</p>	

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